



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

X	New	Vendor Code		SC	Dept.	A	Contract Number	
	Change				SWM			
	Cancel							
County Department					Dept.	Orgn.	Contractor's License No.	
DPW – Solid Waste Management Division					SWM	SWM		
County Department Contract Representative					Telephone		Total Contract Amount	
Peter H. Wulfman, Division Manager					386-8703		\$15,004.62	
Contract Type								
<input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input checked="" type="checkbox"/> Other								
If not encumbered or revenue contract type, provide reason: This Easement Agreement is necessary for the County to grant an easement to South Milliken JP/PI, LLC								
Commodity Code			Contract Start Date		Contract End Date		Original Amount	Amendment Amount
			05/4/04				\$15,004.62	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount	
EAB	SWM	SWM		9930	78R90278		\$15,004.62	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount	
Project Name				Estimated Payment Total by Fiscal Year				
Granting of easement to				FY	Amount	I/D	FY	Amount
South Milliken JP/PI, LLC				03/04	\$15,004.62			

CONTRACTOR South Milliken JP/PI, LLC

Federal ID No. or Social Security No. Not applicable




Contractor's Representative : Joseph M. Bray, Esq., Panattoni Law Firm

Address 8413 Jackson Road, Suite C, Sacramento, CA 95826 Phone _____

Nature of Contract: *(Briefly describe the general terms of the contract)*

This Easement Agreement will grant an easement to South Milliken JP/PI, LLC, in the amount of \$15,004.62, to allow for drainage acceptance and construction of a 36-inch Storm Drain within the Milliken Sanitary Landfill property.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)	Reviewed as to Contract Compliance	Presented to BOS for Signature
		
County Counsel		Department Head
Date _____	Date _____	Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By